PATENT
Serial No. 09/734,228
Attorney Docket No. 450117-02965

AUG 0 9 2004
PATENT & TRADEMARK OFFICE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	:	Helmut LUCKE
Appl. No.	:	09/734,228
Filed	:	December 11, 2000
Title	:	METHOD FOR RECOGNIZING SPEECH
Art Unit	:	2655
Examiner	:	BRANT, Dmitry

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Technology Center 2600

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Samuel S. Lee, Reg. No. 42,791
(Name of Applicant, Assignee or Registered Representative)

Signature

Aug. 5, 2004
Date of Signature

AMENDMENT UNDER RULE 116

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action of July 1, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2.

Remarks/Arguments begin on page 6.

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MAIL STOP AF
COMMISSIONER FOR PATENTS
Alexandria, VA 22313-1450
Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

☐ The fee has been calculated as shown below.

☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	12	Minus	20 =	0 ×	$18(9)	= $0
Independent claims	2	Minus	3 =	0 ×	$86(43)	= $0
			Total additional fee for this amendment			= $0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

☐ This application contains a multiple dependent claim. The required fee of $290 ($145) has been previously paid ☐, or is paid herewith ☐.

☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a **-month** extension of time. A check covering the cost of the petition is enclosed.

☐ A check in the amount of **$ .00** is attached, which covers the cost of ☐ additional claims **and** ☐ -month petition for extension of time.

☐ Charge $_ to Deposit Account No. 50-0320.

☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Samuel S. Lee, Reg. No. 42,791
(Name of Applicant, Assignee or Registered Representative)

Signature

August 5, 2004
Date of Signature

FROMMER LAWRENCE & HAUG, LLP
Attorneys for Applicant(s)

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